

OFFSITE PARTICIPANTS ONLY
CIAP2011
July 24 – 29, 2011
#5016YP



Asilomar Use Only

One Form per Person/Family

P O Box 537, 800 Asilomar Ave., Pacific Grove, CA 93950 Phone: (831) 642-4222 Fax: (831) 642-4262 www.VisitAsilomar.com

WAYS TO RESERVE MEALS

Fax completed form to:
 831-642-4262 or 831-642-4261

Email completed form to:
AsilomarSales@aramark.com

Mail the completed form to:
 Asilomar Conference Grounds
 P.O. Box 537
 800 Asilomar Avenue
 Pacific Grove, CA 93950

Telephone:
 Reservations will not be accepted over the phone, however if you have any questions you can call the Group Sales Office at 831-642-4222

PERSONAL DETAILS Please print clearly; Payment must accompany this registration form.

Last Name _____ First Name _____ Mr. Ms.
 Street Address _____ Apt/Suite/Unit _____
 City _____ State _____ Zip _____ Country _____
 Daytime Phone _____ E-mail address* _____

**Confirmations will be sent by e-mail.*

Please put a check mark on your choices and total below. All costs are per person and inclusive of applicable taxes (subject to change).

Sunday, July 24, 2011	Monday, July 25, 2011	Tuesday, July 26, 2011
Dinner <input type="checkbox"/> \$18.14 per person x _____ = \$ _____	Breakfast <input type="checkbox"/> \$9.40 per person x _____ = \$ _____ Lunch <input type="checkbox"/> \$10.71 per person x _____ = \$ _____ Dinner <input type="checkbox"/> \$18.14 per person x _____ = \$ _____	Breakfast <input type="checkbox"/> \$9.40 per person x _____ = \$ _____ Lunch <input type="checkbox"/> \$10.71 per person x _____ = \$ _____ Dinner <input type="checkbox"/> \$18.14 per person x _____ = \$ _____
Wednesday, July 27, 2011	Thursday, July 28, 2011	Friday, July 29, 2011
Breakfast <input type="checkbox"/> \$9.40 per person x _____ = \$ _____ Lunch <input type="checkbox"/> \$10.71 per person x _____ = \$ _____ Dinner <input type="checkbox"/> \$18.14 per person x _____ = \$ _____	Breakfast <input type="checkbox"/> \$9.40 per person x _____ = \$ _____ Lunch <input type="checkbox"/> \$10.71 per person x _____ = \$ _____ Dinner <input type="checkbox"/> \$18.14 per person x _____ = \$ _____	Breakfast <input type="checkbox"/> \$9.40 per person x _____ = \$ _____ Lunch <input type="checkbox"/> \$10.71 per person x _____ = \$ _____

Special Request: Vegetarian Gluten-Free

Day	Food Total	PLUS Facility Fee \$10 Per person/day	Total (Food & Facility Fee)
Sunday	\$	\$	\$
Monday	\$	\$	\$
Tuesday	\$	\$	\$
Wednesday	\$	\$	\$
Thursday	\$	\$	\$
Friday	\$	\$	\$
TOTAL:			\$
Plus CIAP Registration Fee (\$350 per person):			\$
Plus Processing Fee (\$20 per person):			\$
TOTAL DUE (will be charged upon receipt):			\$

Card Number: _____ Visa MasterCard American Express Discover Card
 Expiration Date: _____

Cardholder Name: _____ Cardholder Signature: _____

CANCELLATION POLICY: Cancellations made by July 8, 2011 are subject to a \$50.00 cancellation fee per person. No refunds for any cancellations made on or after July 9, 2011. For additional information, maps and directions please visit our website at www.VisitAsilomar.com 021011